



Case Manager Flexibility Guidance During the COVID-19 Health Emergency

The following information is intended to clarify the recent flexibility offered by the Division for case management person-to-person visit requirements during the COVID-19 health emergency. The Division recognizes that this flexibility may not save time for case managers, but that is not the intent of the flexibility. Rather, the Division is offering flexibility in how services are delivered in order to support the safety and well-being of participants, direct care providers, case managers, and our larger communities.

Flexibility in service delivery must be balanced with an understanding that the core components of services have not changed. All services must still be delivered in accordance with Wyoming Medicaid Rule, and in alignment with the participant's individualized plan of care (IPC). Providers and case managers have been given flexibility in where or how the services can be delivered, but still must document the delivery of services as required by Chapter 45. It is important to note that, although the method by which services may be delivered has relaxed, documentation requirements have not.

Case managers have been offered the flexibility to conduct individualized plan of care (IPC) development and monitoring activities, including plan of care team meetings, home visits, and service observations, by telephone or video conference as an alternative to in-person case management visits. Case managers are not required to use this flexibility, and may still conduct home visits, service observations, and other contacts in person.

In order to bill the monthly unit for case management services, the case manager must engage in one hour of combined person-to-person contact with the participant and legally authorized representative (LAR). An additional flexibility offered during this health crisis is to allow the one hour of person-to-person contact to include provider representatives, as long as the participant continues to receive services from the provider during the health crisis. Flexibility to decrease the person-to-person contact requirements has not been provided.

Wyoming Medicaid Rule Chapter 45, Section 9(c) states that "the case manager shall use person-centered planning to understand the needs, preferences, goals, and desired accomplishments of the participant." The hour of person-to-person contact is an essential service, and demonstrates the application of person-centered planning. During this time of uncertainty, case management continues to be a critical support and protection for Comprehensive and Supports Waiver participants. Sometimes, participants only feel comfortable disclosing their true feelings to case managers, and now more than ever, it is important for case managers to maintain close contact with participants, LARs, and service providers.

The one hour of person-to-person time may occur over several shorter conversations. If the case manager is simply unable to conduct a full hour of person-to-person contact, they may

modify the plan as necessary to bill 15-minute case management units. The 15 minute and monthly unit shall not be billed in the same month.

Not every contact with the participant requires a signature to verify the contact. However, the Division requires that case managers document home visits and service observations on the Home Visit and Service Observation form, and requires documentation of home visits, service observations, and other contacts in the Electronic Medicaid Waiver System (EMWS). In October 2019, the Division updated the Home Visit and Service Observation form to include check boxes and a signature line indicating that the participant or LAR acknowledged the information the case manager would be entering in EMWS. This change was established as a step towards aligning with the Division's person-first philosophy, or the "nothing about me without me" mindset.

The Division understands that, during this time, it may be more difficult to obtain the necessary signatures on required forms. During the health crisis, signatures verifying home visits and service observations, as well as signatures for other required forms, may be obtained in a variety of ways: on the actual form, through an email string, or through text messages. Below are some examples of how "signatures" may be obtained. **Please note that these are suggestions, not requirements.** These are just a few examples of what can substitute for a participant/LAR signature:

- The case manager may send an email to the people involved in a home visit (participant/LAR/provider staff) and attach a copy of the completed Home Visit and Service Observation form. Each person will need to respond to that email saying "please use this email as my signature" or "I agree with the form." The case manager will need to upload a copy of the email string .pdf file into EMWS.
- The case manager may send an email to the people involved in a home visit that includes a summary of the discussion that occurred. For example, *"Hi. On April 14, 2020, we spent 20 minutes talking about Suzie's services and how she is feeling about her providers, Suzie's health and safety, and Suzie's rights. If you agree, please respond to this email saying that you agree. I'll upload the form and this email string into Suzie's file as proof that you verified our discussion. Thanks so much."* Each person will need to respond to the email stating that they agree to the summary of the visit. The case manager will need to upload a copy of the email string .pdf file into EMWS. If the contents of the summary address all areas on the Home Visit and Service Observation form, the form will not be required.
- The case manager may send a text message to the people involved in a home visit, summarizing the discussion. As an example, the following message could be sent: *"Hi team. On April 14, 2020, we spent 20 minutes talking about Suzie's services and how she is feeling about her providers, her health and safety, and her rights. If you agree, please respond 'yes' so I can add it to the documentation."* Once everyone has responded, the case manager will need to take a screenshot of the texts and upload the

file to EMWS. If the contents of the text message address all areas on the Home Visit and Service Observation form, the form will not be required.

- The case manager may complete a Home Visit and Service Observation form, make a copy(copies) and send that copy (perhaps with a self-addressed stamped envelope) to each individual who would normally sign the form. Keep the original and the signed copies once they are returned. Upload as a single document to EMWS.

We hope this addresses the ongoing concerns with the flexibility and documentation requirements of case management services. If you have continued questions, please email them to dd.casemanagers@wyo.gov.